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**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**Docket Number (Optional)
215.39Applicant, Patentee, or Identifier: Ellenby, Thomas, et alApplication or Patent No.: TBDFiled or Issued: HerewithTitle: Pointing Systems for Addressing Objects

I hereby state that I am

- the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN GeoVector CorporationADDRESS OF SMALL BUSINESS CONCERN 601 Minnesota Street #212
San Francisco, CA 94107

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

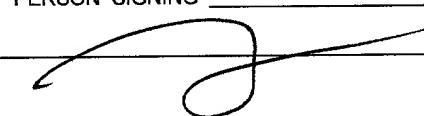
- the specification filed herewith with title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

- Each person, concern, or organization having any rights in the invention is listed below:
 no such person, concern, or organization exists.
 each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Joseph PageTITLE OF PERSON IF OTHER THAN OWNER Assistant SecretaryADDRESS OF PERSON SIGNING 601 Minnesota Street #212SIGNATURE DATE 01 22 01

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number _____ → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

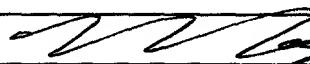
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name	Joseph Page		
Address	601 Minnesota St. #212		
Address			
City	San Francisco	State	CA
Country	US	Telephone	(619) 702 4471
		Fax	(619) 702 4538

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

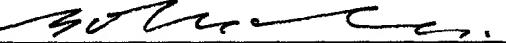
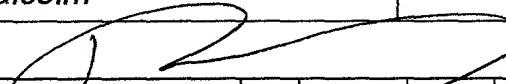
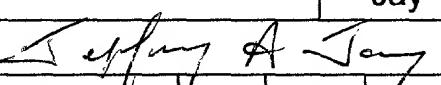
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any) Thomas William			Family Name or Surname Ellenby		
Inventor's Signature					
Residence: City	SF	State	CA	Country	US
Post Office Address	601 Minnesota Street #205				
Post Office Address					
City	SF	State	CA	ZIP	94107
				Country	US

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **[+]**

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
John		Ellenby						
Inventor's Signature							Date	1/9/00
Residence: City	San Francisco	State	CA	Country	US	Citizenship	US	
Post Office Address	601 Minnesota Street #212							
Post Office Address								
City	San Francisco	State	CA	ZIP	94107	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Peter Malcolm		Ellenby						
Inventor's Signature							Date	11/13/00
Residence: City	San Francisco	State	CA	Country	US	Citizenship	US	
Post Office Address	601 Minnesota Street #109							
Post Office Address								
City	San Francisco	State	CA	ZIP	94107	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Jeffrey Alan		Jay						
Inventor's Signature							Date	11/14/00
Residence: City	Petaluma	State	CA	Country	US	Citizenship	US	
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Post Office Address								
City	Petaluma	State	CA	ZIP	94954	Country	US	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **[+]**

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Joseph			Page				
Inventor's Signature						Date	<i>01/22/01</i>
Residence: City	La Jolla	State	CA	Country	US	Citizenship	US
Post Office Address	PO Box 757						
Post Office Address							
City	La Jolla	State	CA	ZIP	92038	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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